



MOUNTAIN VIEW FIRE DEPARTMENT

REQUEST FOR INCIDENT REPORT

Please read information on the back of this form before completing

Incident Date: _____

Incident Address: _____

Incident Type: ☐ Fire ☐ Medical ☐ Hazardous Materials ☐ Other

PERSON AND BUSINESS OR AGENCY REQUESTING REPORT:

Name (first, middle initial and last): _____

Business Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Telephone Number (_____) _____

IF FIRE INCIDENT:

- ☐ I am requesting the incident report.
☐ I am requesting the fire investigation report when it is available.

REQUESTING PARTY IS THE:

- | | |
|------------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Owner | <input type="checkbox"/> Patient |
| <input type="checkbox"/> Owner's Insurance Agent | <input type="checkbox"/> Patient's Legal Guardian |
| <input type="checkbox"/> Owner's Attorney | <input type="checkbox"/> Patient's Legal Representative |
| <input type="checkbox"/> Occupant/Tenant | <input type="checkbox"/> Patient's Insurance Agent |
| <input type="checkbox"/> Occupant/Tenant's Insurance Agent | <input type="checkbox"/> Patient's Attorney |
| <input type="checkbox"/> Occupant/Tenant's Attorney | <input type="checkbox"/> Patient's Spouse |
| <input type="checkbox"/> Beneficiary of Deceased Patient | <input type="checkbox"/> Other: _____ |

FOR INSURANCE COMPANY REPRESENTATIVES:

Insurance Company Name: _____

Person(s) you represent: _____

Policy/Claim Number(s) _____

----- (For Office Use Only) -----

- ☐ Photocopy of patient's/authorizing party's identification attached (all medical information)
☐ Authorization for release attached (medical information release as required)
☐ Self-addressed, stamped envelope attached.
☐ Check attached (see back of this form for required fees.)

Incident Number: _____

Received by (Print Name): _____

Received by (Signature): _____ Date: _____

Authorized by (Fire Dept. Rep's Signature): _____ Date: _____